

AP9 Rec'd PCT/PTO 07 APR 2006

- a. ☒ A Credit Card Payment Form authorizing the amount of \$ 1990.00 to cover the above fees is enclosed.
- b. ☐ Please charge my Deposit Account No. 06-1358 in the amount of \$ _____ to cover the above fees.
A duplicate copy of this sheet is enclosed.
- c. ☒ The Commissioner is hereby authorized to charge my account any additional fees set forth in §1.492 during the pendency of this application, or credit any overpayment to Deposit Account No. 06-1358. A duplicate copy of this sheet is enclosed.

SEND ALL CORRESPONDENCE TO:

JACOBSON HOLMAN PLLC
400 7th Street, N.W., Suite 600
Washington, DC 20004
202-638-6666

CUSTOMER NUMBER: 00136

By Harvey B. Jacobson, Jr.
Harvey B. Jacobson, Jr.
Reg. No. 20,851

JH 01/00

Adjustment date: 12/28/2006 BCAMPBEL
04/17/2006 GFREY1 00000047 10574918
03 FC:1632 -500.00 OP.